

ORIGINAL ARTICLES

TUBERCULOSIS SUPPLEMENT

Scientific and General

TUBERCULOSIS ASSOCIATIONS OF TOMORROW*

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THIS annual meeting of the California Tuberculosis Association is a momentous occasion. For the first time we have become a million-dollar enterprise. Never before has the public been so generous in its purchase of Christmas Seals. Never before has it been so apparent that the people want tuberculosis controlled. Never before have our control methods been more effective. We have come through the second war year without a general increase in the tuberculosis death rate. We have received a strong vote of confidence. Our responsibility to respond effectively was never greater.

Since we are a federation of county Associations, this responsibility rests equally on many people. It must be borne by the boards of directors and staff members of each of our associations. A major concern of the board of directors of the State Association is to see that each county association gives full value received to its supporters. How may we best do that, and having done it, what does our future hold?

Our original purpose and first responsibility is to control tuberculosis. Within the limitations of the funds available and the demands of the local situation, it is incumbent on each association to make available to its citizens all of the tuberculosis control measures which we know are effective.

These include:

1. *A full-time health department well supported by public opinion.* Without the legal authority vested in the health officer it is often impossible to isolate promptly known cases of infectious tuberculosis. Legally, no one else can do this but the health officer.

Organizing public opinion is a task of health education. It belongs to the voluntary health association. Lack of a well-supported health department presents an immediate job for the tuberculosis association.

2. *Provision for adequate hospital beds for the isolation and treatment of tuberculosis cases.* Every community should have access to at least two beds per annual death. It is a matter of great pride to this Association that 90 per cent of the population of the State has access to tax-sup-

ported sanatorium beds, and that the quality of treatment rendered in these sanatoria is supervised through the State Department of Health which controls the State subsidy.

3. *Support and coöperation of physicians.* No one in any community is more impressed by the tragedy of tuberculosis than the practicing physician. No one is more aware of its preventability. His fullest support and coöperation is a foregone conclusion, provided he understands the program.

Once they understand the problem, physicians generally agree that tuberculosis control among the masses cannot depend solely on people calling their private physician when they suspect that they are afflicted. The onset of the disease is too insidious and the mental attitude of the average patient too resistant. By the time the patient usually sees his physician, he is already weakened by toxemia and weight loss, and has probably been spreading the disease for months. He is already in the moderately-advanced or far-advanced stages, and the prognosis is correspondingly darkened. Physicians commonly agree that some mass approach to the problem of finding the symptomless case is essential.

4. *A modern case-finding program.* Once medical support is assured and facilities are provided for the isolation and treatment of tuberculosis, there is no limit to the thoroughness with which case-finding can be pursued. The ultimate in case-finding is probably a chest x-ray and medical examination for every person each year. Impossible as this may seem, some industries are approaching it. The town of Eveleth, Minnesota, last year succeeded in x-raying every man, woman and child living there!

5. *A well-conceived, skillfully-conducted program of health education.* Much of the case-finding program is educational, and none of the many educational opportunities it presents should be neglected.

Health education hinges upon sound medical information. We must rely solely on our medical friends to tell us what health truths to teach, what they recommend that people *think* and *do* to improve their health and avoid tuberculosis, which new discoveries are worth teaching and which are not, which old procedures are outmoded and should be dropped from our teaching.

Physicians and scientists furnish us the raw material of health facts. We then manufacture the devices needed to put them into general practice by the public.

What of tomorrow? We must recognize the fact that, for many years, the tuberculosis death rate has steadily declined and the Seal Sale income increased.

Suppose for the sake of argument, although it seems unlikely now, that a specific cure for tuberculosis is discovered tomorrow. What a boon to mankind! What a blow, welcome as it would be, to the tuberculosis associations! Regardless of such wild speculation, the day will come when Seal Sale receipts will exceed the amount we can

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use wisely and practically for the control of the small remaining amount of tuberculosis. When that day comes what shall we do?

Three choices are immediately apparent. One is to close up, tell the public "our job is done, thank you and goodbye." Another is to limit the amount we will accept, reducing that limit as tuberculosis declines. A third is to direct our activities to some other health field. Obviously we cannot change our program overnight. We would probably not have occasion to do so, since there is every likelihood that tuberculosis will be with us for many years to come. But as tuberculosis continues to decline we might begin to broaden our base of operations to feel our way slowly and experimentally into other health fields. Let us examine this possibility.

Actually, our work has never been solely confined to tuberculosis control. We have always been a general public health agency, primarily concerned with tuberculosis. At the very beginnings of the antituberculosis movement it became apparent that improved general health was our ultimate aim. We have worked to provide hospitals, sanatoria, and health departments. We have been responsible for legislation designed to improve the public health. We have taught the values of good health habits, proper nutrition, rest and exercise. Our educational program in schools has been largely a general health program, not solely a tuberculosis program. In heavily-infected communities, and in groups of the colored race especially, we have learned that we cannot limit our attention to tuberculosis and remain indifferent to other lung diseases, or to such things as heart disease, syphilis, malnutrition, cancer, diabetes, industrial hygiene, and mental hygiene.

As a matter of fact, we have developed an organization which is much more valuable in the field of general health than many of us realize. It is an organization in which specially-trained health workers build a life-time career. It is a potent influence in the community. It is well and favorably known by the public. It guides and molds public opinion effectively and this is done largely by educational methods, rather than by propaganda and the techniques of pressure groups. We share, as fully as any other organization in the country, credit for the nation's general health improvement over the past 50 years.

This organized public health movement, effective as it is, reaching into every corner of the land as no voluntary health agency has done before, seems too precious a machinery to abandon. Its usefulness will continue for many years to come. It will continue as long as mankind is afflicted with illness and death which are preventable, and the prevention of which depends on the individual's knowing and doing something about it.

To broaden our base of operations at the State level seems a wise step at this time. Precisely how and when it is to be done by county associations which have not already done so, depends on

their own judgment of local conditions and needs. To aid county associations in this important step, a special committee has been set up by your State Board of Directors to discuss with local associations this and other questions of meeting our responsibilities to the public. This committee's recommendations will be considered when renewing the annual Seal Sale contracts.

As with most progressive steps certain dangers must be recognized. Two precautions are to be constantly kept in mind. If disregarded, even momentarily, they can cause great harm.

The first is to remember that tuberculosis control is our first responsibility. In this field we are well schooled, and we have a varied armamentarium. Tuberculosis will probably be with us for many years to come. We must keep our eyes on this adversary and never lose sight of it. It is our age-old enemy, more constant, more dangerous and, in the long run, more destructive to human life than all the wars of the present and past.

It would seem that we are now powerful enough to carry this crusade to ultimate victory with our good right arm, while we begin to engage other enemies of mankind with the other. Some of these enemies are more formidable than tuberculosis. They are capable of catching us off balance so that tuberculosis may slip up on us again. To be forewarned is to be forearmed. Our strategy in any event is never to let up on our first enemy, now in retreat.

The second precaution is to recognize and preserve a unique and precious ingredient of the antituberculosis movement. It has existed so long we might overlook it. This is the happy and effective relationship between medical leaders and community leaders. Tuberculosis control as community activity has had the best of medical guidance. Both our national and our state associations were conceived in the minds of physicians and founded by them. Without their sound advice, much effort and money might have been wasted. Without medical skill and judgment in guiding the movement, much valuable research would have been neglected or misinterpreted. Whatever the future may hold for this organization, the best medical thought and guidance must be continuously available. It must be as readily sought and as quickly accepted by our nonmedical members as it has been in the past. This is just as essential in the control of heart disease, cancer, and venereal disease, and to industrial hygiene and mental hygiene as it has been in controlling tuberculosis. Programs in these fields may require expert medical advice from slightly different sources. But we must never be without medical guidance.

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There can be no divided allegiance here. Any man who says he is an American but something else also isn't an American at all. We have room but for one flag—the American Flag.—Theodore Roosevelt.